

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1								
2		1							
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48									
49									
50									
TOTAL IND.	Z								
TOTAL DEP.	27	1	1	1	1	1	1	1	
TOTAL CLAIMS	29	32	33	34	35	36	37	38	
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									